PATIENT HANDBOOK

Looking after your back

What tends to help, what tends not to, and when a back problem needs a doctor.

NOTTS OSTEOPATHY

ABOUT THIS HANDBOOK

How to use this

This handbook is about everyday low back pain: the kind that follows a lifting job, a long drive, a heavy week – or that arrives out of nowhere on an ordinary morning.

It explains what generally helps, what tends not to, and the warning signs that mean a doctor should look at you first – those are on page 6.

It is general information for adults, and it is not a diagnosis. A leaflet cannot examine you, so it cannot tell you what is causing your pain.

If a clinician has already given you advice about your own back, follow that advice ahead of anything here.

HOW YOUR BACK WORKS

Stronger than it feels when it hurts

Every time you stand up, carry shopping, or bend to tie a shoe, your back is doing structural work most people never think about. The spine is a column of strong bones separated by discs – tough, fibrous cushions firmly bonded to the bone – braced on every side by some of the largest muscles in the body.

The low back takes the biggest loads, which is why it is where most back pain lives. It is built for the job: the vertebrae are at their largest there, and the design comfortably handles bending, lifting and twisting – the everyday movements people are so often told to fear.

A back in pain feels fragile, and the feeling is misleading. Even when pain is severe, serious structural damage is uncommon, and hurting does not mean something is being harmed. Backs also share the spine's dislike of stillness: long spells in any one position become uncomfortable, whichever position it is.

The back is also wired into everything around it. Hips, pelvis and the big leg muscles all share its workload, and general health – sleep, activity, stress – has a measurable say in how much a back hurts and how quickly it settles.

> The back is built to bend, lift and carry – and it keeps that capacity by being used. Variety of movement, built up gradually, is what maintains it.

WHAT TENDS TO GO WRONG

Common patterns, and the stories behind them

These are patterns we see often. They are descriptions, and reading one that sounds familiar does not tell you what you have — only an assessment can do that.

The back that "goes"

A common story: you bend for something trivial — a sock, a pen — and the back seizes, sometimes dramatically enough that straightening up takes real effort. The trigger looks absurdly small, which frightens people, but the intensity of the spasm is not a measure of damage. This pattern is among the most frequent we see, and it generally eases as normal movement returns.

The ache that builds with sitting

Fine when moving, sore and stiff after long drives, long meetings or an evening on the sofa, then easing as you get going again. This usually reflects hours of stillness rather than anything wrong with the spine's structure. The pages on sitting, sleeping and moving later in this handbook are aimed squarely at it.

The familiar back that flares

Many backs grumble on and off for years, flaring with stress, poor sleep or an unusually heavy spell, then settling again. From mid-life onwards, scans of backs show disc and joint changes in plenty of people with no pain at all — so a flare-up is not evidence that the spine is wearing out, and a scan finding on its own is not a verdict.

When the pain does not stay in the back

Pain that travels down the leg

Back trouble sometimes sends pain, tingling or pins and needles into the buttock and down the leg, occasionally as far as the foot – often called sciatica. It usually means a nerve in the low back is irritated, and many episodes settle with time and movement. Leg symptoms are worth an assessment; leg weakness, or numbness in the saddle area, belongs on the next page.

The back and hip that blur together

Low back, buttock and hip pain overlap so much that people are often surprised where an examination ends up pointing. Pain felt in the back can start in the hip, and the other way round. Untangling which is which changes the advice, and it is a routine part of an assessment.

After a lift that went wrong, or an accident

A lift that surprised you – heavier than expected, or caught at an awkward angle – usually produces a muscular strain that behaves like the "back that goes" on the previous page. Pain after a significant fall or accident is different, and should be checked by a doctor first – see page 6. Once serious injury has been ruled out, a gradual return to normal movement is the approach with the best support behind it.

Signs that need a doctor, not this handbook

Most back pain is not a sign of anything serious. The signs below are the exceptions. If any of them applies to you, put this handbook down and speak to a doctor — they are the reason this page exists.

When to see a doctor

Numbness in the saddle area, or loss of bladder or bowel control — **999 or A&E**

Sudden severe weakness in a limb, or loss of coordination

Chest pain, breathlessness, or pain with sweating and nausea

Pain after a significant fall or accident

Unexplained weight loss, fever, or night pain that wakes you and does not ease

A joint that is hot, swollen and red

None of these means the worst has happened — they mean a doctor should look before anyone else does. If you are unsure whether a symptom belongs on this list, call NHS 111, your GP, or us, and ask.

SITTING AND WORKING

Your back minds how long, more than how you sit

There is no single correct way to sit, and no chair that keeps a back comfortable for eight unbroken hours. What wears backs down at work is duration: the same position, held too long, day after day.

At a desk. Most people find it easier sitting well back in the chair with the feet flat and the screen roughly at eye level, but treat any setup as a starting point – the best position is the next one. Standing desks are a way of adding variety; standing still all day has the same problem sitting does.

Driving. Sit close enough to the pedals that the knees stay soft, and use stops on long drives to get out and walk about – a minute of movement buys more comfort than any seat adjustment. Loading the boot immediately after a long drive is a classic moment for trouble: give the back a short walk first.

Manual work. Backs handle heavy days better when the load is familiar. What catches people is the unfamiliar spike – the delivery day, the stocktake, the one awkward job at floor level. Where you can, spread the heavy tasks through the week and share the worst of them.

Low work. Long spells stooped over a bed, a bath, a flowerbed or a car engine are hard on any back. Kneel rather than stoop where you can, raise the work, and swap sides and tasks often.

> Break up stillness before it accumulates: stand during phone calls, walk to fill the kettle, take the stairs. Little and often beats one heroic lunchtime walk.

SLEEPING

Comfortable enough to sleep is the standard

Sleep matters to a sore back twice over: a bad night can stir it up, and poor sleep in general makes pain of every kind harder to live with. Good, unbroken sleep helps recovery from most things, backs included.

Position. There is no correct sleeping position for a back. Side sleepers with a sore back often find a pillow between the knees comfortable; back sleepers, one under the knees. These are comfort tricks worth trying, not rules — the position you actually sleep in beats the one you lie awake trying to hold.

Getting out of bed in a flare-up. Rolling onto your side and pushing up with the arms as the legs swing down usually troubles a sore back less than sitting straight up. It is a bridge for the sore spell, not a permanent technique.

Mattresses. A mattress is a comfort decision. If yours is old enough that you roll into a dip, replacing it may buy better nights, but no mattress prevents or fixes back pain, whatever the label says — and "orthopaedic" is a marketing word, not a medical standard.

A stiff start to the day that loosens with a warm shower and some movement is a common part of back trouble and, on its own, is not a worrying sign. Night pain that wakes you and does not ease whatever you do is on page 6.

LIFTING AND MOVING

Build up gradually — sudden jumps cause the trouble

Backs tolerate load well when it arrives gradually. The trouble usually comes from sudden jumps: the first heavy gardening weekend of spring, a house move, a new training plan started at full tilt, a job that changes overnight.

Lifting. There is less magic in lifting technique than the posters suggest — no single technique has been shown to prevent back injury. Keeping the load close to the body and taking a second to set yourself are sensible habits; what matters more is whether the lift is within what your back is currently used to.

Bending. Backs are built to bend, and avoiding bending altogether tends to make them less tolerant of it, sore or not. During a flare-up, bend as far as comfort allows and let the range return as things settle.

Carrying. Split heavy loads between both hands or use a rucksack on both straps. Two lighter trips are kinder than one staggering one.

Coming back after a flare-up. Start below what you think you can manage and build in steps, letting each step settle before the next. Some soreness as you rebuild is normal and does not mean you have set yourself back.

WHAT NOT TO DO

Five things that feel sensible and tend to backfire

Taking to bed until it passes

Bed rest was standard advice a generation ago, and it has aged badly. Staying active and returning to normal movement helps most non-specific back pain settle; days horizontal let the back stiffen and confidence drain away. Relative rest – easing off, staying gently on the move – is different from stopping.

Treating your back as fragile from now on

After a bad episode it is tempting to give up lifting, gardening or sport for good. Protecting the back from all load makes it less tolerant of load, and the fear often outlasts the pain. Backs recover their confidence the same way they recover their strength: gradually, by being used.

Chasing perfect posture

Holding yourself rigidly "correct" all day is another way of holding one position too long, and it adds worry on top. Sit comfortably, and change position often.

Wearing a support belt just in case

Unless a clinician has recommended one for a specific reason, a lumbar belt worn day to day mostly teaches the back to rely on it. Warmth for comfort is fine; strapping yourself in is not a plan.

Assuming you need a scan before anything can help

Scans are for specific questions, usually the warning signs on page 6. For everyday back pain a scan rarely changes the advice – and it often shows the normal age-related changes described on page 4, which can worry people without helping them.

SIMPLE THINGS THAT HELP

General movement, done often

Nothing on this page needs equipment, a programme or a decision about whether you are doing it right. It is ordinary movement, and for most everyday back pain that is the point.

Walk. A daily walk at whatever pace suits you is the most reliable friend a sore back has. Start short if you need to and let the distance grow.

Change position regularly. Whatever you do for long spells – sitting, standing, driving, stooping – interrupt it. The earlier pages of this handbook are variations on this one idea.

Use the movement you have. A few times a day, gently bend forwards and back, lean to each side, and turn each way, staying within what feels manageable. You are reminding the back of its range, and range that is used tends to stay.

Build activity gradually. As things ease, add back what you normally do a step at a time, letting each step settle before the next.

Look after the basics. Sleep, general activity and stress all influence how much pain you feel. They are unglamorous levers, and they move more than people expect.

> *These are general suggestions, not a treatment plan. If something hurts, stop, and get it looked at properly.*

WHEN WE CAN HELP

What an appointment involves

If your back is not settling, or you would rather have it assessed than wonder about it, that is what we are for. Osteopaths work with musculoskeletal problems — joints, muscles, nerves and the way they behave together — and backs are what we see more than anything else.

A first appointment starts with your story: when it began, what it stops you doing, what you have tried. Then an examination — watching how you move, checking how the hips and pelvis are contributing, and using our hands to assess the joints and muscles involved. We explain what we find in plain language, and agree a plan with you before anything else happens.

Treatment, where appropriate, is hands-on work alongside advice on movement, work and daily habits. Like any treatment it carries some risk, which we discuss with you beforehand. And if we think your back needs a GP or further investigation instead of us, we will say so and help you get there.

NOTTS OSTEOPATHY

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Monday to Thursday 7.00am–7.00pm, Friday 7.00am–6.00pm. Closed at weekends.

All our osteopaths are registered with the General Osteopathic Council.

General information only, not a diagnosis. If you are worried about a symptom, speak to your GP or call us.